For clear copy on both parts, please type or print with ball point pen and press firmly.

Form SS-4

(Rev. November 1985) Department of the Treasury Internal Revenue Service

## Application for Employer Identification Number

(For use by employers and others. Please read the separate instructions before completing this form.)

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0003

Expires 8-31-88

1	Name (True name. See ins	tructions.)			2 Social security no., if s	ole proprietor	3 Ending	g month of accounting year	
4	Trade name of business if different from item 1				5 General partner's name, if partnership; principal officer's name, if corporation; or grantor's name, if trust				
6	Address of principal place of business (Number and street)				7 Mailing address, if different				
8	City, state, and ZIP code				9 City, state, and ZIP code				
10	Type of organization  Governmental	☐ Individual ☐ ☐ Nonprofit organizat	닐	ership Plan adm Other oration (specify)	nınistrator	11 County of	principal b	usiness location	
12	Reason for applying Started new business	arted new Purchased Other				13 Acquisition or starting date (Mo., day, year). See instructions.			
14	Nature of principal activity (See instructions.)					15 First date wages or annuities were paid or will be paid (Mo., day, year).			
16	Peak number of employees expected in the next 12 mo (If nones enter "O")	spected in the next 12 months		ricultural	Household	old 17 Does the applicant operate one place of business?			
18	Most of the products or ser Business establishments (whole	Genera esale) 🔲 public	(retail) (spec		□ N/A			is manufacturing, state I raw material used.	
20	Has the applicant ever appl or any other business? If "Yes," enter name and tra state where the application w	Yes No de name. Also enter appro	x. date, city, and						
Und	der penalties of perjury, I declare t	that I have examined this app	lication, and to the best of	my knowledge and belief it is t	true, correct, and complete.	Telephone n	umber (inc	clude area code)	
Sigr	nature and Title 🕨			Date •	•				
	Please leave blank ▶	Geo.	Ind.	Class	Size	Reas. for ap	pl.	Part I	

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16	Peak number of employees expected in the next 12 more (If none, enter "0")		ıl	Agricultural		Household		applicant of of business	perate more than s? Yes No	
18	Most of the products or services  Business establishments (whole	Genera		ther pecify)		□ N/	principal	of business product and	is manufacturing, state I raw material used.	
20	Has the applicant ever applior any other business?	ied for an identification r	number for this							
	If "Yes," enter name and trac state where the application w									
Und	ler penalties of perjury, I declare t	hat I have examined this app	lication, and to the bes	st of my knowledge ar	nd belief it is tr	ue, correct, and comple	ete. Telephone	number (inc	clude area code)	
Sign	nature and Title 🕨				Date ►					
	Please leave blank ►	Geo.	Ind.	Class		Size	Reas. for a	opl.	Part II	